

## Payment Process

☐ Execute RSA (145-90 or 145-95)☐ Agency Journal Entry (430-40)☐ Other \_\_\_\_\_

Requesting Agency

BRU

Component

ADN #

Servicing Agency

BRU

Component

ADN #

## I. Project or program title:

## II. The servicing agency agrees to provide the requesting agency with the following service(s):

(Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)

REQ Program Contact/Phone: \_\_\_\_\_

SVC Program Contact/Phone: \_\_\_\_\_

## III. Terms and mechanics of reimbursement:

## Billing Address:

- ☐ Payment upon approval  
☐ Payment upon receipt of inter-agency billing  
☐ Payment upon completion of service(s)  
☐ Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commencement date

Completion date

Billing RD code

Phone #

## IV. Servicing agency cost based on:

☐ Itemized costs of service(s) provided☐ Cost allocation schedule (description of allocation methodology must be attached)

## V. Schedule of maximum costs to be incurred by the Servicing Agency:

	Original Agreement	Previous Amendment(s)	This Amendment	Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Travel	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Contractual	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Supplies	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Equipment	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Grants	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Other	_____	_____	_____	_____ 0.00
<b>Total</b>	<b>\$ _____ 0.00</b>	<b>\$ _____ 0.00</b>	<b>\$ _____ 0.00</b>	<b>\$ _____ 0.00</b>

☐ Servicing Agency may not change line items without approval of Requesting Agency

## VI. Budgeting and Accounting Information :

## Requesting Agency Appropriation

☐ Capital☐ Operating

If Operating, is item on Inter-Agency Services Report?

☐ No☐ Yes, on detailed Budget Page

(Format: Sec Ch SLA Pg Ln)

Financial coding to be charged

Appropriation Cite

Appropriation Cite

Open Item # or Batch # (RS, EN, or AJE)

Date funds lapse

Federal funds

☐ No☐ Yes, Amount

Federal Agency/Program/CFDA/Grant/Contract No.

Federal Pass Through ☐ YES☐ NO

## Servicing Agency Authorization

Is this agreement using budgeted authorization?

☐ No☐ Yes

Is item on Restricted Revenue Report?

☐ No☐ Yes, on detailed Budget Page

AR \_\_\_\_\_ CC \_\_\_\_\_ RR \_\_\_\_\_

Other \_\_\_\_\_

AR \_\_\_\_\_ CC \_\_\_\_\_ RR \_\_\_\_\_

Other \_\_\_\_\_

**VII: Approvals & Certification:** The requesting agency and servicing agency agree to the terms and conditions above. In addition, the requesting agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be take up to and including dismissal.

Requesting Agency Authorized Signature

Printed Name

Date

Servicing Agency Authorized Signature

Printed Name

Date

OMB Authorized Signature (as applicable)

Printed Name

Date